

Debra Vanderbeek (Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

RECEIVED (RSA Chapter 15)

APR 15 2019

	Dohen Ve	andarhaak Bahart C	loga Dariklis Kasautas	NEW HAMPSHIRE DEPARTMENT OF STATE
I. Name of Lobb	yist(s)Uebra Va	maerbeek, Kobert C	legg, Periklis Karoutas	
II. Name of lobb	yist's partnership, firm	or corporation, if any	:	
	Legislative Solutions, L	.L.C.		
	(Name of partnership, firm	or corporation)		
	P.O. Box 10724	Bedford	NH	03110
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
((b)) 986-9145 (Telepho	one) ()(Fax)	e-mail dbeek@aol.co	om
III. This stateme reportable exper	ent covers: (Choose one - nse transactions which a	re not attributable to	for each client, OR you may fi any one client). e reporting date relative to the fo	
·		novation Organizatio		
OR All reportable unrelated to any p	transactions by the lobby	as it appears on the Lobb	oyist Registration Form) vist's family), or the lobbying firm	n listed below which are
IV. Date of Repo	ort April 24, 2019 ort	ation to 3/31/19	July 31, 2019 activity from 4/1/19 to 6/30/19	
	October 30, 2019 activity from 7/1/19 to		January 29, 2020 activity from 10/1/19 to 12/31/19	
	ked, complete just this for		ransactions made since the l Secretary of State's Office, State	
X If you have re	aid an honorarium or rein	enditures, you must file	e Addendum A– Fees and Exper must file Addendum B– Report	
•		ade political contribut	ions, you must file Addendum C	C– Political Contributions
I have read RSA	nt/Affirmation by Lobby 15, RSA 15-B, RSA 14-C he best of my knowledge	and RSA 664 and her	eby swear or affirm that the foreg	going information is true
	MANC		April 9, 2019	
(Signature of lob	obyist)		(Date)	

P L E A S E P R I N

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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APR 1 5 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) _	Debra Vanderbeek, Robert Clegg, Pe	riklis Karoutas
II. Name of lobbyist's p	partnership, firm or corporation, if any:	
Leg	islative Solutions, L.L.C.	
(Name of	partnership, firm or corporation)	
III. Name of Client	Biotechnology Innovation Organization	Date April 9, 2019
to lobbying, including fee	of all fees received from the client identified about for services such as public advocacy, government toring legislation, and related legal work. The	ent relations, or public relations service
a) Total of all fees receive	ed in this reporting period	9,000.00 a) \$
	ved this calendar year, prior to this reporting period e total of all prior monthly reports for this calendar	
c) Total of all fees receiv (Add lines a and b)		c) \$ <u>9,000.00</u>
d) Indicate the amount of yet been paid	f any such fees that are due, but have not	d) \$ <u>0</u>
fees. Separate reports are the lobbyist(s)/firm that a Expenses are to be report during the reporting period individual expenses where lunch where the cost was being lobbied, purchase of (c) an itemized statement any purpose not covered ceremonial object to be grestaurant expenses for a	therships, firms, or corporations are required to be to be filed for expenditures made relative to each are unrelated to any one client a separate reported in one of three categories of expenses: (a) and for salaries, benefits, support staff, and office the expenditure was of \$25.00 or less (for exam \$25.00 or less, purchase of a pen with a value of a ceremonial object given to a person being lobl of each individual expenditure made during this report by (a) (for example: purchase of a meal with very given to the subject of lobbying with a value greated on separate addendums and should not be reported.	h client and if expenditures are made be to may be filed for the lobbyist(s)/firm the aggregate total of all expenses paid expenses; (b) the aggregate total of a mple: meals purchased during a business less than \$10 that is given to the persounce with a value of \$25.00 or less); and exporting period of greater than \$25.00 for alue of greater than \$25, purchase of atter than \$25, but not greater than \$50 ms, expense reimbursement, or political
support staff, and office ex	ses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$ 9,000.00
in a), of \$25 or less.		b) \$ <u>0</u>
c) Total of all itemized ex	spenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period	d) \$ <u>9,000.00</u>
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>9,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
- Allan	Anvil 0 2010
(Signature of lobbyist)	April 9,2019 (Date)
	(1000)
Debra Vanderbeek (Print Name of Johnwist)	
(Print Name of lobbyist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partr	ership, firm, or corpo	ration: Legislative Solut	ions, L.L.C.
Name of Client (leave b	lank if Statement is fo	r the partnership, firm, o	or corporation and not related to any
particular client):	Biotechnology Inn	ovation Organization	
Date of Report (check o	ne):		
April 24, 2019 🙇	July 31, 2019 🗆	October 30, 2019	January 29, 2020 □
,			
	-		and Expenses described above, and number of Addendum forms being
Addendum A(s)			
Addendum B(s)			
Addendum C(s)			
complete to the best of n		ief.	ril 9, 2019 (Date)
(Signature of lobbyist)	0]		(Date)
Robert Clegg		<u></u>	
(Print Name of lobbyist)	1		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partners	ship, firm, or corpora	ation: Legislative Soluti	ons, L.L.C.
Name of Client (leave blan	k if Statement is for	the partnership, firm, o	or corporation and not related to ar
particular client):	Biotechnology Inno	vation Organization	
		-	
Date of Report (check one)) :		
April 24, 2019 💆 💮 Ju	ıly 31, 2019 🛚	October 30, 2019 🗆	January 29, 2020 □
			and Expenses described above, ar number of Addendum forms beir
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
complete to the best of my		ef.	ent and each Addendum is true ar
(Signature of lobbyist)			(Date)
Periklis Karoutas (Print Name of lobbyist)			